

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000**

or **Fax**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

22511 7590 09/03/2004

**OSHA & MAY L.L.P.
1221 MCKINNEY STREET
HOUSTON, TX 77010**



Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| | |
|--|--------------------|
| | (Depositor's name) |
| | (Signature) |
| | (Date) |

12/06/2004 MWOLDGE2 00000080 10081303

01 FC:1501 1370.00 OP
02 FC:1504 300.00 OP
03 FC:8001 12.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/081,303 | 02/22/2002 | Hisao Harada | 04995/053001 | 3845 |

TITLE OF INVENTION: CONTROL APPARATUS FOR CUTTING MACHINE, CUTTING MACHINE AND CUTTING METHOD

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 12/03/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| GANDHI, JAYPRAKASH N | 2125 | 700-186000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Osha & May L.L.P.
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mori Seiki Co., Ltd.

Nara, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 4

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Thomas Scherer

Date

12/2/04

Typed or printed name

Registration No.

45,079

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (11-04)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,682.00**Complete if Known**

| | |
|----------------------|------------------------|
| Application Number | 10/081,303-Conf. #3845 |
| Filing Date | February 22, 2002 |
| First Named Inventor | Hisao Harada |
| Examiner Name | J. N. Gandhi |
| Art Unit | 2125 |
| Attorney Docket No. | 04995/053001 |

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order
☒ Deposit Account ☐ NoneDeposit
Account
Number

50-0591

Deposit
Account
Name

Osha & May L.L.P.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):**FEE CALCULATION****1. BASIC FILING FEE**

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|------------------------|-----------|--------------------------|---------------|
| Utility Filing Fee | 790 | 395 | |
| Design Filing Fee | 350 | 175 | |
| Plant Filing Fee | 550 | 275 | |
| Reissue Filing Fee | 790 | 395 | |
| Provisional Filing Fee | 160 | 80 | |
| Subtotal (1) | \$ | 0.00 | |

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|--------------------------|
| Each claim over 20 | 18 | 9 |
| Each independent claim over 3 | 88 | 44 |
| Multiple dependent claims | 300 | 150 |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 |
| For Reissues, each independent claim more than in the original patent | 88 | 44 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP = x =

HP= highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP = x =

HP= highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

Subtotal (2) \$ 0.00**3. OTHER FEES**

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid |
|--|-----------|--------------------------|----------|
| 1-month extension of time | 110 | 55 | |
| 2-month extension of time | 430 | 215 | |
| 3-month extension of time | 980 | 490 | |
| 4-month extension of time | 1,530 | 765 | |
| 5-month extension of time | 2,080 | 1,040 | |
| Information disclosure stmt. Fee | 180 | 180 | |
| 37 CFR 1.17(q) processing fee | 50 | 50 | |
| Non-English specification | 130 | 130 | |
| Notice of Appeal | 340 | 170 | |
| Filing a brief in support of appeal | 340 | 170 | |
| Request for oral hearing | 300 | 150 | |
| Other: 1504; 1501 Publication fee for early, voluntary, or normal publication; Utility issue fee; Patent copies | | | 1,682.00 |
| Subtotal (3) | \$ | 1,682.00 | |

SUBMITTED BYSignature [Signature] #45,079
Name (Print/Type) Jonathan P. OshaRegistration No.
(Attorney/Agent)

33,986

Telephone

(713) 228-8600

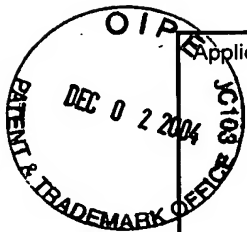
Date

December 2, 2004

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Dated: December 2, 2004

Signature: [Signature] (Denise M. Blocker)



Application No. (if known): 10/081,303

Attorney Docket No.: 04995/053001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV576718784US in an envelope addressed to:

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on December 2, 2004
Date

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Denise M. Blocker

Typed or printed name of person signing Certificate

Registration Number, if applicable

713-228-8600

Telephone Number

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Issue Fee Form PTOL-85(b) (1 page).